PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.	14329US02				
First Inventor	Kan Frankie Fan				
Title	System and Method for Teaming				
Express Mail Label No.	EV 303 832 933 US				

(Unly for new nor	nprovisional applications under	7 37 CFR 1.53(b))			9			
	PPLICATION ELEMEN 600 concerning utility patent a		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
2. Applican See 37 (3. Specifica (preferred a -Descripti -Cross Re -Statemer -Referenc program -Backgrou -Brief Des	parangement set forth below) we title of the invention reference to Related Application at Regarding Fed sponsored R re to sequence listing, a table, listing appendix and of the Invention cription of the Drawings (if file)	cessing) c. [Total Pages <u>17</u>] ns t&D or a computer	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)					
-Detailed i -Claim(s)	Description		c. Statements	verifying identity of above copie	es			
	of the Disclosure		ACCOMPAN	YING APPLICATION PAR	TS			
4. Drawing((s) (35 U.S.C. 113)	[Total Sheets 3]	10. 37 CFR 3.7	9. Assignment Papers (cover sheet & documents(s))				
5. Oath or Declara	ition	[Total Sheets 4]	11. English Tra	nslation Document (if applicabl	le)			
a. 🛭 Newly e	xecuted (original or copy)		12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					
(for cont	om a prior application (37 (tinuation/divisional with Bo	ox 18 completed)	13. Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s)					
Sig nai	ELETION OF INVENTOR(S gned statement attached do med in the prior application 63(d)(2) and 1.33(b).	eleting inventor(s)	15. (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122(b) 16. (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					
6 Application	on Data Sheet. See 37 CF	FR 1.76	17. Other:					
	llowing th <u>e t</u> itle, or in an Ap		t under 37 CFR 1.76:	mation below and in the first soplication No.:	entence of			
Prior application information: Examiner: Art Unit:								
			DENCE ADDRESS					
Customer Num	nber: 23446	<u>} </u>	OR _	Correspondence address be	elow			
Name				·	<u>.</u>			
Address								
City		State		Zip Code				
Country		Telephone	312-775-8000	Fax 312-775-8100				
Name (Print/type)	Michael T. Cruz		tion No. (Attorney/Agent)	44,636				
Signature	Michael T. Crus	<u> </u>		Date February 6, 2004				

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)1,029.00

Complete if Known					
Application Number					
Filing Date	Herewith				
First Named Inventor	Kan Frankie Fan				
Examiner Name					
Group Art Unit					
Attorney Docket No.	14329US02				

METHOD OF PAYMENT				FEE CALCULATION (continued)									
1. ☑ The Commissioner is hereby authorized to charge indicated fees and			3. ADDITIONAL FEES										
credit any overpayments to:		l "· ^	3. ADDITIONAL FEES										
			Large		Smal	••							
Deposit Account				13-0017			Fee	Entity Fee	y Fee	Entity Fee	у	Fee	
Number				13-0017			Code	(\$)	Code	(\$)	Fee Description	Paid	
Deposit	-						1051	130	2051	65	Surcharge - late filing fee or oath		
Account McAndrews Held & Malloy		1052	50	2052	25	Surcharge - late provisional filing fee or cover							
Name ☑ Chai	-αο Δι	w Ad	dition	al Fee Required Un	dor 37 CED 1						sheet		
	-	•		Il entity status.	idel 37 OFK	.70 and 1.17	1053	130	1053	130	Non-English specification		
	37 CF			ii entity status.			1033	130	1033	130	Non-English specification		
2. ⊠ Payme	ent Ei	nclos	ed:				1812		1812	2,520	For filing a request for ex parte reexamination		
⊠ Chec	k 🗖	Cre	dit Ca	rd ☐Money Orde	r 🗍 Other		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
		F	EE ·	CALCULATI	ON		1805	1,840	1,840*1805		Requesting publication of SIR after Examiner		
1 21212						-	1				action		
1. BASIC FI Large Enti			ntite.										
Fee Fe			Fee	Fee Description			1251	110	2251	55	Extension for reply within first month	ļ	
Code (\$)		ode		•		Fee Paid	1252 1253	420 950	2252 2253	210 475	Extension for reply within second month		
1001 77	0 2	001	385	Utility filing Fee		770.00	1253	1,480		475 740	Extension for reply within third month Extension for reply within fourth month		
1002 34	0 2	002	170	Design filing Fee		一一	1255		2255	1.005	Extension for reply within fifth month		
1003 53		003		Plant filing fee			1401	330	2401	165	Notice of Appeal		
				•			1402	330	2402	165	Filing a brief in support of an appeal		
1004 77			385	Reissue filing fee			1403	290	2403	145	Request for oral hearing		
1005 16	0 2	005	80	Provisional filing f	ee		1451		1451	1510	Petition to institute a public use proceeding		
							1452	110	2452	55	Petition to revive - unavoidable		
					SUBTOTAL	(1) (\$)770.00	1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CI	AIM I	FEES	:				1501	1,330	2501	665	Utility issue fee (or reissue)		
					Fee from		1502	480	2502	240	Design issue fee		
				Extra Claims	below	Fee Pald	1503	640	2503	320	Plant issue fee		
Total Claims	9	2 - 2	0** =	12 x	18 =	216.00	1460	130	1460	130	Petitions to the Commissioner		
Independent	1			<u></u>	وفت		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Claims	4	- 3**	=	1] x	43 =	43.00	1806	180	1806	180	Submission of Information Disclosure Stmt	ļ	
Multiple Depe	nden	t		5	=		8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
Large Enti	tv Sm	ali F	ntitv				1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))		
Fee Fee Code (\$)	F		Fee	Fee Description			1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))		
1202 1	3 2	202	9	Claims in excess	of 20		1801	770	2801	385	Request for Continued Examination (RCE)		
1201 8	5 2	201	43	Independent claims in excess of 3		1802	900	1802	900	Request for expedited examination of a design			
1203 29	0 2	203	145	Multiple dependent claim, if not paid		Other fee (specify)			application				
1204 8			43	**Reissue independent daims over original patent		Other	iee (Sp	eary)					
1205 18	2	205	9	**Reissue claims	in excess of 2	20							
and over original patent													
SUBTOTAL (2) (\$)259.00			l . <u>.</u> .					.					
**or number previously paid, if greater; For Reissues, see above			rRedu	ced by	Basic Fil	ing Fee f	Paid SUBTOTAL (3) (\$)					

SUBMITTED BY Complete (if applicable								
Name (Print/Type)	Michael T. Cruz	Registration No. (Attorney or Agent)	44,636	Telephone	312-775-8084			
Signature	Michael T.	Crue		Date	February 6, 2004			